

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553556								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Chemtura Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1692823</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>500,000,000</td> </tr> <tr> <td>PREFA</td> <td>150,000</td> </tr> <tr> <td>PREFER</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000,000	PREFA	150,000	PREFER	100,000
CLASS	AUTHORIZED									
COMMON	500,000,000									
PREFA	150,000									
PREFER	100,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 199 BENSON ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MIDDLEBURY, CT 06749</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CRAIG A ROGERSON TITLE: PRES/CEO ADDRESS: 199 BENSON RD CITY/ST/ZIP/CO: MIDDLEBURG, CT 06749 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CRAIG A ROGERSON TITLE: PRES/CEO ADDRESS: 199 BENSON RD CITY/ST/ZIP/CO: MIDDLEBURG, CT 06749	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHET H CROSS TITLE: VICE PRESIDENT ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CHET H CROSS TITLE: VICE PRESIDENT ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
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NAME:	DALIP M PURI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	BILLIE S FLAHERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	STEPHEN C FORSYTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	LAURENCE ORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIS.SECRETARY		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	JEFFREY J BENJAMIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	TIMOTHY J BERNLOHR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	ANNA C CATALANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	ALAN S COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	JAMES W CROWNOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	JONATHAN F FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		
NAME:	ARTHUR C FULLERTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN K WULFF DIRECTOR 199 BENSON ROAD MIDDLEBURY, CT 06749	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VINCENZO ROMANO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VINCENZO ROMANO, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	11/5/2013 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			